

PT/A-98

July 21, 1998

U.S. Nuclear Regulatory Commission
611 Ryan Plaza Drive, Ste. 400
Arlington, TX 76011-8064

ATTN: Licensing Branch

Dear Licensing Director:

I would like to amend Nelson Engineering's Nuclear License. Please change the Radiation Safety Officer from Robert Hammond to Pete Test. I am certified in the use of Nuclear gauges (see enclosed certificate) and have had several previous radiation safety courses. I understand a fee will be applied to this request. Please send billing inquiries to the above address, ATTN: Accounting.

If you have any questions or need further documentation regarding this matter, please feel free to call me at the above telephone number.

Please send NRC correspondence to:

Pete B. Test
Lab Manager/RSO
P.O. Box 1599
Jackson, WY 83001

Sincerely,

Pete Test
Lab Manager/RSO

Enc.

C:\OFFICE\WPWIN\WPDOCS\ADMIN\LETTERS.WPD

9808250228 980817
PDR ADOCK 03015260
C PDR

LICENSE FEE REQUIREMENTS

ATTN: RITA MESSIER 301-415-6067
U.S. Nuclear Regulatory Commission
License Fee and Accounts Receivable Branch
P. O. Box 954574
St. Louis, MO 63195-4514NELSON ENGINEERING
ATTN: ACCOUNTING
P. O. BOX 1599
JACKSON, WY 83001rec'd 8-7-98
19636
350.00

TYPE OF ACTION

- ☐
- NEW LICENSE
-
- ☐
- RENEWAL OF LICENSE
-
- ☒
- AMENDMENT TO LICENSE

REQUESTED DATE

07/21/1998

LICENSE NUMBER

49-19036-01

CONTROL NUMBER

466852

I. APPLICATION FEE DUE

Your request for a licensing action is subject to the fee(s) in the category(ies) noted below in accordance with Section 170.31 of 10 CFR Part 170. Payment of the fee is required prior to the issuance of the license, renewal, or amendment.

FEE CATEGORY	APPLICATION	RENEWAL	AMENDMENT
3P	\$	\$	\$ 350.00
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

FEE(S) DUE	\$	350.00
PAYMENT RECEIVED	\$	
AMOUNT DUE	\$	350.00

- ☒
- Your request was received without the prescribed application fee.

- ☐
- We received your check listed below. Payment of the additional fee noted above is required.
-
- Check Number _____
-
- \$ _____ Amount

- ☐
- Your request will increase the scope of your license program. Therefore, your request is subject to the application fee(s) noted above. Refer to Section 170.31 and Footnote 1(d)(2).

- ☐
- Your license expired prior to the receipt of your application for renewal. Therefore, your request is subject to the application fee(s) noted above. Refer to Section 170.31 and Footnote 1(a).

MAKE PAYMENT OF THE FEE(S) TO THE U.S. NUCLEAR REGULATORY COMMISSION AND MAIL THE PAYMENT TO THE ADDRESS LISTED AT THE TOP OF THIS FORM. IF WE DO NOT RECEIVE A REPLY FROM YOU WITHIN 30 CALENDAR DAYS FROM THE DATE LISTED BELOW, WE SHALL ASSUME THAT YOU DO NOT WISH TO PURSUE YOUR APPLICATION AND WILL VOID THIS ACTION.

II. FEE NOT REQUIRED

- ☐
- Check Number _____ Enclosed is your check which accompanied your request. The fee is not required because:
-
- ☐
- Check Number _____ We received your check listed in payment of the fee.
-
- ☐
- Date of Request _____ The Licensing staff has informed us that your request is to be considered as a continuation of the request listed.
-
- Control Number _____
-
- ☐
- Date of Request _____ Your request was combined, prior to review, with the request listed.
-
- Control Number _____

III. CHECK RETURNED

- ☐
- Check Number _____ Enclosed is your check which was returned to us by the bank for:
-
- ☐
- INSUFFICIENT FUNDS
-
- ☐
- ACCOUNT CLOSED
-
- ☐
- OTHER

MAIL THE REPLACEMENT CHECK TO THE ADDRESS LISTED AT THE TOP OF THIS FORM AND REFERENCE THE ABOVE CONTROL NUMBER.

IV. LICENSE ISSUED WITHOUT THE REQUIRED FEE

- ☐
- License Number _____ The listed license was issued without the required fee being collected. The fee required is noted in Section I of this form.
-
- Amendment Number _____
-
- Date Issued _____

- ☐
- The scope of your licensed program was increased. Therefore, your request is subject to the application fee(s) noted in Section 1 of this form. Refer to Section 170.31 and Footnote 1(d)(2).

- ☐
- Because of the urgency of your request, the license was issued without remittance of the prescribed fee noted in Section 1 of this form.

SIGNATURE - LICENSE FEE ANALYST

Rita Messier
RITA MESSIER

(LEAVE BLANK)

DATE

07/31/1998

NELSON ENGINEERING

BOX 1599
JACKSON, WYOMING 83001
TELEPHONE: 307-733-2087

DATE	INVOICE	AMOUNT

99-120
1023

19636

PAY Three hundred fifty & no 100 DOLLARS

DATE	TO THE ORDER OF	CHECK NO.	DESCRIPTION	CHECK AMOUNT
8-7-48	US Nuclear Regulatory Comm	19636	license change	350 -
			GROSS	
			DISCOUNT	

THE JACKSON STATE BANK
JACKSON, WYOMING

NELSON ENGINEERING CO.

[Signature]

⑈017636⑈ ⑈102301209⑈

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